

Youth Training Academy Program

*Youth Training Academy is a job preparation program
for students ages 16 and older with internship opportunities
that expose them to the world of work.*

Who's Eligible?

City of Rochester youth currently enrolled in high school,
16 and older, who have a 2.0 ("C" average),
have not had a long-term suspension during the school year,
and have minimum 90% school attendance for the year.

Where to Apply?

Youth Services
80 Commercial Street
Rochester, NY 14614
585-428-6448

PERSONAL INFORMATION (print in ink)

NAME _____
LAST FIRST MIDDLE

DEMOGRAPHIC INFORMATION (PLEASE CHECK THE APPROPRIATE DESCRIPTION)

SEX: ____ M ____ F

ARE YOU HISPANIC? ____ YES ____ NO

RACE: ____ CAUCASIAN (WHITE) ____ BLACK ____ ASIAN
____ NATIVE HAWAIIAN/PACIFIC ISLANDER ____ NATIVE AMERICAN OR ALASKAN NATIVE

ADDRESS _____
HOUSE # STREET CITY STATE ZIP

TELEPHONE # () _____ ALT/MSG# () _____

EMERGENCY CONTACT: _____ EMAIL ADDRESS: _____

DATE OF BIRTH _____ SOCIAL SECURITY # _____
MONTH DAY YEAR

SCHOOL YOU ARE CURRENTLY ATTENDING _____ CURRENT GRADE _____
ATTACH A COPY OF MOST RECENT REPORT CARD

HAVE YOU EVER BEEN CONVICTED OF A CRIME? NO ☐ YES ☐

IF YES, EXPLAIN _____

DO YOU HAVE ANY CERTIFICATIONS/LICENSE/PERMITS? NO ☐ YES ☐

WORK HISTORY OR VOLUNTEER EXPERIENCE

PLACE SERVICES PERFORMED _____ SUPERVISOR _____

ADDRESS _____ DATES: FROM _____ TO _____

JOB TITLE _____ DUTIES _____

VOLUNTEER ☐ PAID ☐ ATTACH ADDITIONAL WORK HISTORY OR VOLUNTEER EXPERIENCE IF NEEDED

INTERESTS/ SKILLS/ ABILITIES

LIST ANY SPECIAL SKILLS OR SPECIAL INTERESTS: _____

LIST ANY CLUBS, SPORTS OR ACTIVITIES IN WHICH YOU ARE INVOLVED: _____

LIST ANY AWARDS YOU HAVE RECEIVED IN THE PAST TWO YEARS: _____

ESSAY: WHY SHOULD YOU BE CHOSEN FOR THIS PROGRAM? _____

AUTHORIZATION

SCHOOL ADMINISTRATOR:

This student has at least 90% attendance and no long-term suspensions (5 days or more) this school year plus has a "C" average or better for the current marking period.

Name / Signature	Title	Phone #	Date
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PERMISSION SLIP

I, _____ hereby give permission for the Youth Training Academy Program to record the image and/or voice of my child, _____ for brochures, websites or promotional materials. I understand that I will not be informed or reimbursed for such photographs or videos.

Parent/Guardian Signature	Date
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BEFORE TURNING IN YOUR APPLICATION BE SURE:

- ☐ IT IS FILLED OUT IN **INK**
- ☐ IT IS **SIGNED BY**:
 - ☐ YOU
 - ☐ PARENT OR GUARDIAN
 - ☐ SCHOOL ADMINISTRATOR
- ☐ A COPY OF THE MOST RECENT **REPORT CARD** IS ATTACHED
- ☐ **RESUME** (IF YOU HAVE ONE) IS ATTACHED

After you turn in your application, it will be checked and then you will get a letter telling you the next steps. If you move or your telephone number changes, be sure you let the office know. If you have questions, call us at 428-6448.

OFFICE USE ONLY

Date Received _____ Staff Initials _____

Application approved: ☐ Yes ☐ No

If no, reason: ☐ GPA ☐ Attendance ☐ Long Term Suspension

Other _____